

APPROVED 6-10-03

**KING COUNTY MENTAL HEALTH ADVISORY BOARD AND KING COUNTY
ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD**

JOINT BOARD MEETING

MAY 13, 2003

EXCHANGE BUILDING, CONFERENCE ROOM 6A

KCMHAB Members Present: Alice Howell, Howard Miller, Freda Monroe, Helen Nilon, Jim Nobles, Eleanor Owen, Debra Roszkowski, Ron Sterling, Clifford Thurston, Gwendolyn Williams

KCHMAB Members Absent: Shauna Cheney (excused), Jack Fuller (excused), Mindy Meyring

KCASAAB Members Present: Linda Brown, Joan Clement, Roger Goodman, Larry Hill (awaiting Council confirmation), Kim Murillo, Bob Seidensticker

KCASAAB Members Excused: Nancy Code, Pam Detrick, Jim Harbaugh, Yasmin Smith

GUESTS ATTENDING: Fay Reni Buchanan, Mervyn Chambers, Kelly Evans, Kathryn Harris, Frank Irigon, John Lawson, Ken Nicholas, Pamela Pratt, Mario Paredes, Megan Rutherford, Mike Rynas, Michelle Sanidad, Silvia Singer

STAFF ATTENDING: Liz Gilbert, Rhoda Naguit, Winnie Ng, Amnon Shoenfeld, Jim Vollendroff

The joint meeting of the King County Mental Health Advisory Board and the King County Alcoholism and Substance Abuse Administrative Board was held on Tuesday, May 13, 2003 at the Exchange Building, Conference Room 6A. KCMAB Chair Howard Miller convened the meeting at 4:37 p.m.

I. WELCOME AND INTRODUCTION

KCMHAB Chair Howard Miller welcomed members from both boards and all the guests. Everyone was asked to introduce him/herself.

Special acknowledgment was given to KCMHAB member, Ron Sterling, for being a recipient of the Exemplary Psychiatrist Award by the Psychiatrist Association. He was nominated by the National Alliance for Mentally-Ill (NAMI).

II. APPROVAL OF MINUTES

This was tabled until next month's meeting.

III. PRESENTATION ON ADOLESCENT TREATMENT ENHANCEMENT PROJECT

Handouts: ATEP Fact Sheet, Demographic Information for 194 ATEP Youth

Division staff Winnie Ng, the Program Manager assigned to this project, gave a brief background on how the Adolescent Treatment Enhancement Project was created. A group of agencies composed of Central Youth and Family Services, Consejo Counseling Referral Services, Stonewall Recovery Services, United Indians of All Tribes, and Washington Asian/Pacific Islander Families Against Substance Abuse organized themselves under the umbrella of Special Populations Alliance in 2002. The group asked the Division to write a grant proposal to fund enhanced treatment and case management services, and to expand service capacity for the African-American, Hispanic/Latino, sexual minorities, Native American and Asian/Pacific Islander populations. Center for Substance Abuse Treatment (CSAT) awarded the Special Populations Alliance with a 3-year funding grant in October 2000. The pilot project was implemented the next year.

A 30-minute video was shown featuring the clients and staff in the Adolescent Treatment Enhancement Project (ATEP). The video highlighted a variety of services of the project.

Megan Rutherford of the University of Washington presented hard data based on a survey done on 194 ATEP youth. Copies were distributed. Data shows that the average age of youth under this program is 15.5. About 80% of the clients are enrolled in school. The substance use history of the ATEP youth shows that the age of first tobacco use and alcohol is 12.2, while the use of drug is 12.4. On the criminal information for these youth reveals that the number of times they were picked up by police is 4.4 and the age of first arrest is 13.1. The percentage of ever arrested is 55.2 and the average number of months detained previously is 2.4. The percentage on probation is 32.5 and on parole is 1.6. In a study conducted on 17 ATEP youth, there was a significant decrease in the use of marijuana, alcohol, and tobacco. Concerning reasons for staying or leaving treatment, clients say they stayed because the program helped them not to use alcohol, drugs and tobacco; they enjoyed the activities offered; they were required to go; or they liked their counselors. Those who left treatment did so because transportation or distance from their school or home was a problem; they were not required to go; their counselor left; or they wanted to do something else with their time. Statistics on treatment services for 84 ATEP and 53 Drug Court Youth over a 6-month period show 3.2 days of inpatient treatment for ATEP and 7.4 for drug court; 12.3 days of intensive outpatient for ATEP, and 25.7 for Drug Court; 103.8 days of standard outpatient for ATEP, and 71.2 for drug court.

The goal of this program is to increase retention rate of the clients, improve treatment engagement, and decrease their illegal activities. It was noted that the funding for ATEP would run out by December 31, 2003. The program will be discontinued if no new money is found by the end of this year.

The panel answered the following questions:

- Do you get referrals from schools? *Yes, from school officials. Also, other referral sources include court, CD professionals and friends.*
- How long are the youths kept in the program per day? *3-4 hours a day.*
- What happened to the clients after treatment? Do they graduate from the program? *The grant application originally submitted to CSAT included a plan to provide mentor services but this was not funded. The youth are continually referred to other chemical dependency and mental health programs. The agencies encourage more engagement with the clients and they allow them to make autonomous decisions for themselves.*
- Do you have any criteria for dismissing kids from the program? *The clients are maintained in the program unless they are arrested or institutionalized.*
- How do you promote this program? *Winnie Ng has been featured in a County-run Cable TV program. Jim Vollendroff is working on a grant application due in September aimed at providing continued funding for this program. He will also present this video to State DASA for possible funding source. The group is looking at all sorts of funding sources, starting at county-level.*

IV. LEGISLATIVE UPDATE

Kelly Evans focused on the budget issues. She compared the differences between the Governor's Budget, Senate Budget and the House Budget. In the Governor's Budget King County would suffer a \$9.2 million cut. The Senate version of the budget reflects no rate cut but would eliminate a \$1 million pilot project for mentally ill offenders. The House budget includes an RSN rate cut of 1 ½% in the fiscal year 2004 and 3 ½% in the fiscal year 2005 and requires some local matching funds to capture additional federal revenue. It restores the Mentally Ill Offender Community Transition Project (MIOCTP) in the budget, but it will be operated with Federal Block Grant money.

Kelly said that there has been some progress in the Mental Health budget as a result of our advocacy efforts. Every effort is being made to ensure that the budget will have less impact on human services.

V. STAFF REPORT – Amnon Shoenfeld

A. Balanced Budget Act

Under the Balanced Budget Act, an actuarial study for 2002 for Medicaid services and mandated Medicaid is being done to determine a correct per-member-per-month rate paid to RSN for Medicaid-covered individuals in each RSN. The Milliman USA Study could have a substantial impact on King County budget. Whatever is gained from the State budget could be lost depending in the new actuarially differential rate. A first draft of the Milliman USA Study would result in \$65 million cut. Actuaries have determined

rates for each individual Regional Support Network. King County's rate is high compared with other RSNs. If the actuarial rate were a statewide rate, King County would lose \$20 million. However, if it were a differential rate, King County would gain \$11 million. The Division is awaiting receipt of a new report containing the latest actuarial information.

B. Criminal Justice Initiatives

On a positive note, the Division has received \$1.8 million to fund the criminal justice initiatives that will provide a continuum of treatment services for offenders with mental illness and/or chemical dependency needs. A work plan for this program includes:

- Hiring a program coordinator to work with all the various programs and players in the system.
- Hiring a program evaluator to evaluate the effectiveness of the various initiatives in reducing jail recidivism.
- Hiring a consultant to develop screening and assessment tools to implement a comprehensive, integrated assessment process.
- Developing and releasing an RFP for Co-occurring Disorders (COD) tier program.
- Hiring a TLT Case Monitor to provide ADATSA assessments for eligible inmates.
- Hiring or assigning an application worker from Jail Health to assess eligibility of inmates to receive DSHS assessment benefits.
- Increasing methadone treatment services in and out of jail.
- Increasing coordination between jail, courts, and community providers. Two positions will be dedicated for this body of work.
- Developing mechanisms to assist individuals ordered to the Day Reporting Center to access community services.
- Providing training for both chemical dependency and mental health community providers on how to work with probation.

V. OTHER CONCERNS/NEW BUSINESS

Clifford Thurston briefly stated that the piece of legislation he crafted entitled "The Consumer Run Service Act of 2004" is gaining support. This legislation contains statutory language included in WAC 388.865.0200, Section 8, regarding operating a clubhouse. This will be presented to the Legislature next year.

Clifford passed out copies of hard data on clubhouse services for board members to review for discussion at future board meetings. He is also scheduled to attend the Co-occurring Disorders Integration Advisory Council (CODIAC) meeting on June 5th in Moses Lake, where he will present this legislation piece to the group.

Eleanor Owen recommended putting a report on "Ticket to Work" on the agenda for the next board meeting.

There being no further business, the meeting was adjourned at 6:20 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit

Howard Miller